

RECEIVED-FPSC

12 JUL 24 AM 9:32

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Handwritten Signature]</i></p>	
<p>1.</p> <p>Tampa Electric Company Paula K. Brown, Administrator, Regulatory Coordination 702 North Franklin Street Tampa, Florida 33602-4429</p>	<p>B. Received by (Printed Name)</p> <p><i>Mario Patrino</i></p>	<p>C. Date of Delivery</p> <p><i>7/24/12</i></p>
<p>120192-E1 <i>Complaint.mor</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7010 0780 0002 2867 9212</p> <p>Domestic Return Receipt 102595-02-M-1540</p>	

DOCUMENT NUMBER - DATE

04942 JUL 24 12

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